

# TRICARE Consumer Watch

## Navy ♦ Quarter 2 FY 2006

HEALTH PROGRAM ANALYSIS & EVALUATION DIRECTORATE

Navy: Sample size-13,782 Response rate-26.1%

MHS: Sample size-50,000 Response rate-29.8%

### Inside Consumer Watch

TRICARE Consumer Watch is a brief summary of what TRICARE Prime enrollees in your service say about their healthcare. Data are taken from the Health Care Survey of DoD Beneficiaries (HCSDB). The HCSDB includes questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS), a survey designed to help consumers choose among health plans. Every quarter, a representative sample of TRICARE beneficiaries are asked about their care in the last 12 months and the results are adjusted for age and health status and reported in this publication.

Scores are compared with averages taken from the 2005 National CAHPS Benchmarking Database (NCBD), which contains results from surveys given to beneficiaries by civilian health plans.

### Health Care

Prime enrollees were asked to rate their healthcare from 0 to 10, where 0 is worst and 10 is best.

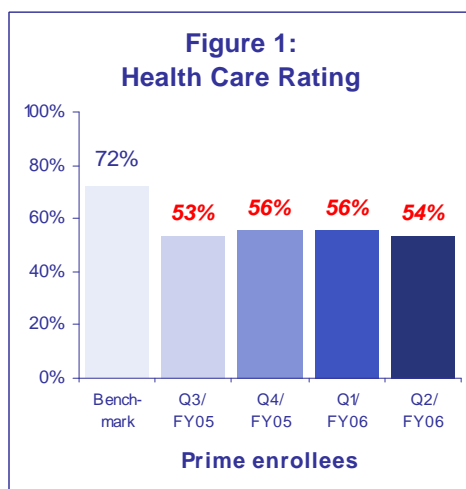
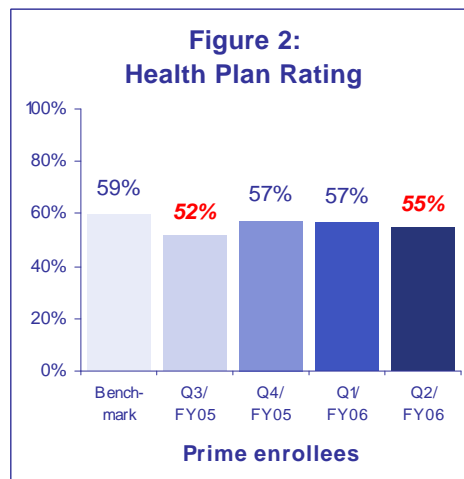


Figure 1 shows the percentage who rated their healthcare 8 or above in the survey fielded in the 2<sup>nd</sup> quarter of fiscal year 2006, describing the period

January 2005 to December 2005, and each of the 3 previous quarters. Numbers in red italics are significantly different from the benchmark ( $p < .05$ ). Health care ratings depend on things like access to care, and how patients get along with the doctors, nurses, and other care providers who treat them.

### Health Plan

Prime enrollees were asked to rate their health plan from 0 to 10, where 0 is worst and 10 is best. Figure 2 shows the percentage who rated their plan 8 or above for each reporting period.

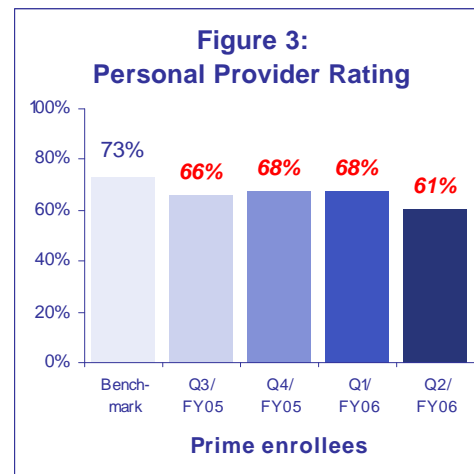


Health plan ratings depend on access to care and how the plan handles things like claims, referrals and customer complaints.

### Personal Provider

Prime enrollees who have a personal provider were asked to rate their personal provider from 0 to 10, where 0 is worst and 10 is best.

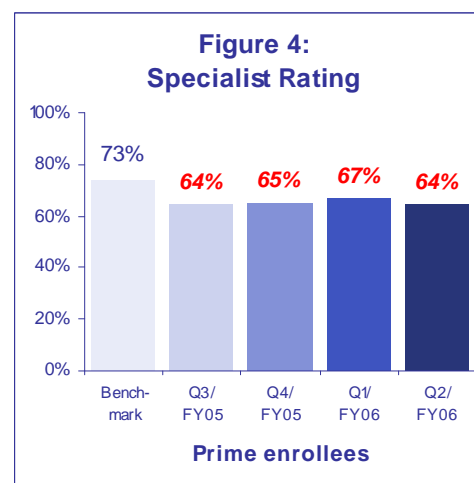
Figure 3 shows the percentage who rated their doctor 8 or above for each reporting period. Personal doctor ratings depend on how the patient gets along with the one doctor responsible for their basic care.



### Specialist

Enrollees who have consulted specialist physicians were asked to rate from 0 to 10 the specialist they had seen most in the previous 12 months.

Figure 4 shows the proportion of enrollees who rated their specialist 8 or above for each reporting period. Specialist ratings depend on beneficiaries' access to doctors with the special skills they need.



## Health Care Topics

Health Care Topics scores average together results for related questions. Each score is the percentage who “usually” or “always” got treatment they wanted or had “no problem” getting a desired service. Asterisks show values significantly different from the NCBD benchmark ( $p < .05$ ).

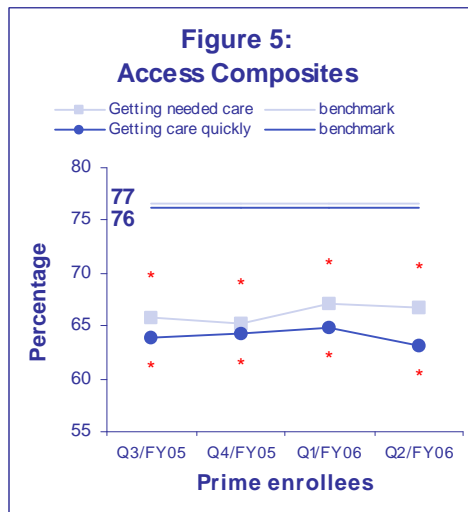
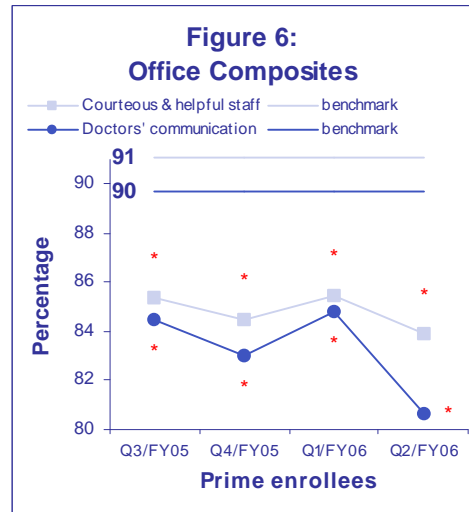


Figure 5 (Access Composites) includes the composites “Getting needed care” and “Getting care quickly.” Scores in “Getting needed care” are based on patients’ problems getting referrals and approvals and finding a good doctor. “Getting care quickly” scores concern how long patients wait for an appointment or wait in the doctor’s office.

Figure 6 (Office Composites) includes the composites “Courteous and helpful office staff” and “How well doctors communicate.” Scores in “How well doctors communicate” are based on whether the doctor spends enough time with patients, treats them respectfully and answers their questions. “Courteous and helpful staff” scores measure both the courtesy and helpfulness of doctor’s office staff.

Figure 7 (Claims/Service Composites) includes composite scores for “Customer service” and “Claims processing.” Scores in the “Customer service” composite concern patients’

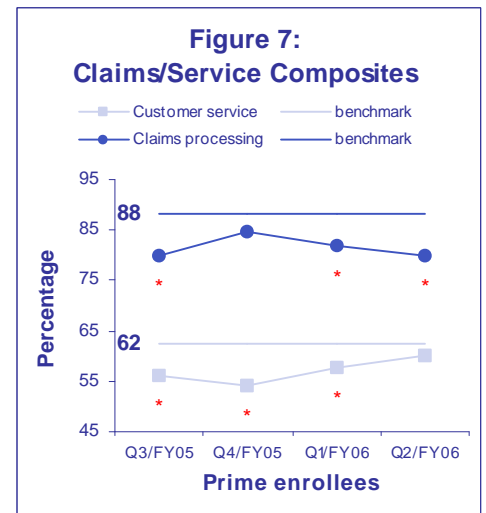
ability to get information about their health plan and manage its paperwork. “Claims processing” scores are based on both the timeliness and correctness of plan’s claims handling.



## Preventive Care

The preventive care table compares Prime enrollees’ rates for diagnostic screening tests and smoking cessation with goals from Healthy People 2010, a government initiative to improve Americans’ health by preventing illness.

The mammography rate shown is the proportion of women 40 or above with a mammogram in the past two years. Pap smear is the proportion of adult women screened for cervical cancer in the past three years. Hypertension is the proportion of



adults whose blood pressure was checked in the past two years and who know whether their pressure is too high. Prenatal care is the proportion of women pregnant now or in the past 12 months who received prenatal care in their first trimester. Normal weight is defined by Department of Agriculture guidelines based on body mass index (BMI), which is calculated from height and weight. The non-smoking rate is the proportion of adults who have not smoked in over a year. Counseled to quit is the number of smokers whose doctor told them to quit, over the number of smokers with an office visit in the past 12 months.

Rates that are significantly different ( $p < .05$ ) from the Healthy People 2010 goal are shown by red italics.

Type of Care	Preventive Care				Healthy People 2010 Goal
	Qtr 3 FY 2005	Qtr 4 FY 2005	Qtr 1 FY 2006	Qtr 2 FY 2006	
<b>Mammography (women ≥ 40)</b>	<b>80</b>	<b>80</b>	<b>82</b>	<b>88</b> (395)	70
<b>Pap Smear (women ≥ 18)</b>	92	<b>94</b>	<b>93</b>	92 (1070)	90
<b>Hypertension Screen (adults)</b>	<b>89</b>	<b>88</b>	<b>86</b>	<b>88</b> (2323)	95
<b>Prenatal Care (in 1st trimester)</b>	84	91	88	82 (156)	90
<b>Percent Not Obese (adults)</b>	<b>81</b>	<b>80</b>	<b>79</b>	<b>80</b> (2278)	85
<b>Non-Smokers (adults)</b>	<b>76</b>	<b>75</b>	<b>81</b>	<b>75</b> (2287)	88
<b>Counseled to Quit (adults)</b>	61	66	70	73 (417)	-

## Issue Brief: Colon Cancer Screening

*Each quarter, we publish a brief discussion, or issue brief, about a health policy issue relevant to users of TRICARE, based on data from the Health Care Survey of DoD Beneficiaries (HCSDB). This quarter, the issue brief concerns colon cancer screening.*

Colon cancer is the second leading cancer-related cause of death in the United States, resulting in over 50,000 deaths in 2005.<sup>1</sup> It is estimated that 60 percent of colon cancer deaths could be prevented by routine screening of adults 50 and over.<sup>2</sup> Guidelines from the U.S. Preventive Services Task Force and the American Cancer Society (ACS), recommend one or more of the following for adults age 50 and older: (1) an annual fecal occult blood test (FOBT), (2) flexible sigmoidoscopy every 5 years, and (3) colonoscopy every 10 years.<sup>2</sup> Healthy People 2010 (HP2010) goals for adults over age 50 include 50 percent with FOBT within two years and 50 percent with colon imaging, whether colonoscopy or sigmoidoscopy, at any time in their lives.<sup>3</sup>

TRICARE offers coverage for colon cancer screening for men and women over age 50, including FOBT each year and sigmoidoscopy every 3 to 5 years. Effective March 15, 2006, colonoscopy at 10-year intervals is also covered.<sup>4,5</sup> The benefit is similar to benefits offered by Medicare and many civilian plans.

Table 1 shows that, according to their responses to the Health Care Survey of DoD Beneficiaries (HCSDB) fielded in January, 2006, 67 percent of MHS beneficiaries comply with ACS guidelines. As described above, the guidelines call for FOBT annually, sigmoidoscopy every 5 years or colonoscopy every 10 years. Among health plans, the proportion in compliance ranges from 62 percent with Standard/Extra to 79 percent of those covered by the Veterans Administration (VA).

	ACS Guidelines	FOBT in 2 Years	Colonoscopy or Sigmoidoscopy Ever
	Percent		
All MHS (over age 50)	67	33	70
Prime	65*	29*	67*
Standard/Extra	62*	25*	64*
Medicare	71*	33	76*
Other Civilian	67	35	67*
VA	79*	63*	68

\*Differs significantly from other plans, p<0.05

Though the proportion of MHS beneficiaries that has had colonoscopy or sigmoidoscopy exceeds the HP2010 goal of 50 percent, the proportion with FOBT within 2 years (33 percent) is less than the corresponding goal. Sixty-three percent of those covered by the VA have had FOBT within the past 2 years, which exceeds the HP2010 goal, while beneficiaries with all types of coverage exceed the goal for colon imaging. Standard/Extra users are least likely to have had FOBT within 2 years (25 percent) and least likely

to have had sigmoidoscopy or colonoscopy (64 percent), but still exceed the HP2010 goal for colon imaging.

	FOBT in 12 months	Sigmoidoscopy in 5 Years or Colonoscopy in 10 Years	Colonoscopy in 10 Years	Sigmoidoscopy in 5 Years
	Percent			
All MHS	18	62	57	28
Prime	15*	61	55*	27
Standard/Extra	13*	57*	52*	21*
Medicare	18	67*	63*	30
Other Civilian	19	61	55*	26
VA	46*	63	56	43*

\*Differs significantly from other plans, p<0.05

According to the 2004 Behavioral Health Risk Factor Surveillance System (BRFSS) survey, 19 percent of U.S. adults age 50 and older had a blood stool test within the past year and 51 percent had either a sigmoidoscopy or colonoscopy within the past 10 years.<sup>1</sup> Table 2 shows that though the FOBT rate of military beneficiaries is similar to the BRFSS rate, military beneficiaries are substantially more likely than their civilian counterparts to undergo colon imaging. Only 18 percent have had FOBT within the past 12 months, but 62 percent have had sigmoidoscopy within 5 years or colonoscopy within 10. Also shown by Table 2, imaging by military beneficiaries is primarily in the form of colonoscopy. Fifty-seven percent of respondents report they have had a colonoscopy in the past 10 years.

There is no significant difference in compliance with ACS guidelines between those who use TRICARE Prime (65 percent) and those who use civilian insurance (67 percent). Nor is there a significant difference in the likelihood of colonoscopy. Fifty-five percent of both Prime users and users of civilian insurance report a colonoscopy in the past 10 years. Prime enrollees underwent colonoscopy at the same rate in spite of the limited coverage of the procedure afforded by Prime at the time this survey was fielded.

Medicare beneficiaries are the oldest, and hence are most likely to have had colon imaging at any time in their life (76 percent). They are also most likely to have had sigmoidoscopy in the past 5 years or colonoscopy in the past 10 years (67 percent). Medicare beneficiaries are the group most likely to have had colonoscopy in the past 10 years (63 percent). However, respondents from the VA are most likely to have had a recent sigmoidoscopy (43 percent) or FOBT (46 percent).

## Issue Brief: Colon Cancer Screening

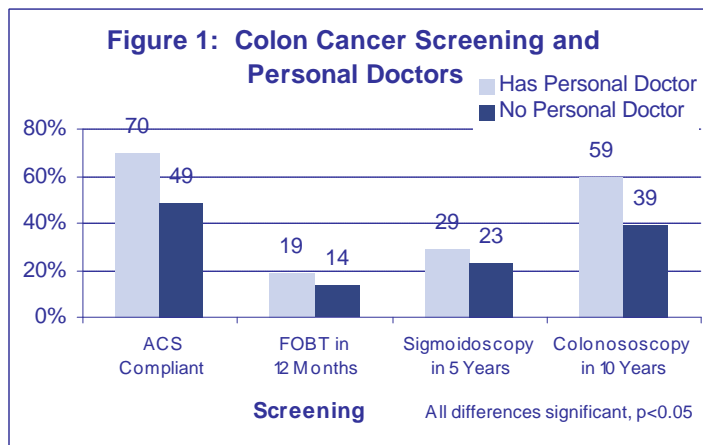


Figure 1 shows that beneficiaries who report that they have a personal doctor are more likely to be in compliance with ACS guidelines. Seventy percent with a personal doctor and 49 percent without a personal doctor have had FOBT within the past year, sigmoidoscopy within 5 years or colonoscopy within 10 years. Those with a personal doctor are more likely than those without one to have had any type of screening, but the difference is greatest for colonoscopy. Fifty-nine percent with a personal doctor have had colonoscopy within the past 10 years compared to 39 percent without a personal doctor. Sigmoidoscopy rates differ less than other screening rates between the two groups. Twenty-nine percent with a personal doctor have undergone sigmoidoscopy in the previous 5 years compared to 23 percent without a personal doctor.

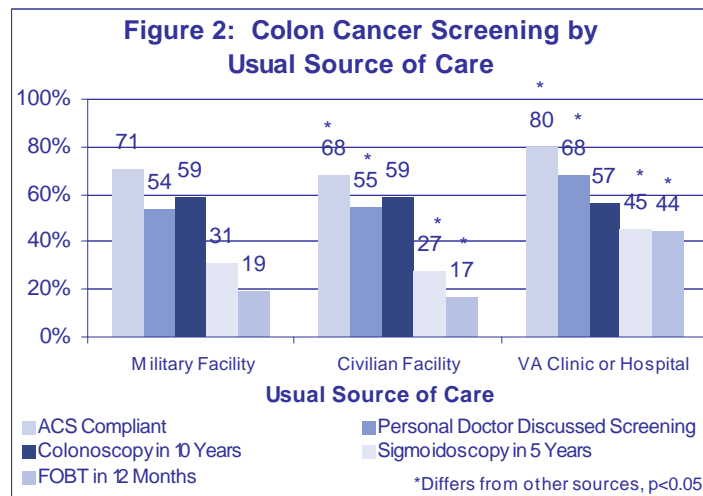


Figure 2 shows how practices differ according to the beneficiary's usual source of care. Beneficiaries who usually get care from a VA facility are most likely to be in compliance with ACS guidelines (80 percent). Compliance rates for those who use MTFs (71 percent) and those who use civilian providers (68 percent) differ little. Patients with a personal doctor who get care from VA

facilities are also more likely than those who use MTFs or civilian providers to have discussed colon cancer screening with that doctor in the past year. Sixty-eight percent who get care from the VA have discussed screening with their personal doctor in the past year, compared to 54 percent who get care from MTFs and 55 percent who see civilian providers. However, though VA users are most likely to have had FOBT within the past year, or sigmoidoscopy within the past 5 years, 10-year colonoscopy rates for the three provider types are approximately the same.

### Conclusion

Results from the HCSDB indicate that two-thirds of beneficiaries surveyed are in compliance with ACS guidelines for colon cancer screening. Those who rely on VA coverage are most likely to be screened, while those who use TRICARE Standard/Extra are least likely. Most compliant beneficiaries are compliant because they have undergone colonoscopy within the past 10 years, no matter what coverage they are using. Thus, it seems that TRICARE beneficiaries were receiving colonoscopy in spite of limited coverage for that procedure prior to March, 2006.

Users of VA facilities are more likely than users of MTFs or civilian facilities to comply with screening guidelines because of their greater use of sigmoidoscopy and FOBT. Though not as definitive as colonoscopy, the alternative screening tests have reduced mortality in clinical trials or case control studies.<sup>6</sup> By promoting these less invasive alternatives in addition to colonoscopy, TRICARE providers may increase screening rates and reduce mortality associated with colon cancer.

### Sources

<sup>1</sup> Centers for Disease Control and Prevention. Increased Use of Colorectal Cancer Tests-United States, 2002 and 2004. MMWR 2006; 55: 308-311.

<sup>2</sup> Centers for Disease Control and Prevention. Notice to Readers: National Colorectal Cancer Awareness Month-March 2005. MMWR 2005; 54: 254-255. Guidelines also include barium enema within 5 years.

<sup>3</sup> "Cancer Trends Progress Report-2005 Update", [http://progressreport.cancer.gov/doc\\_detail.asp?pid=1&did=2005&chid=22&coid=218&mid=-](http://progressreport.cancer.gov/doc_detail.asp?pid=1&did=2005&chid=22&coid=218&mid=-).

<sup>4</sup> TRICARE Policy Manual 6010.54-m, Medicine, Chapter 7, Section 2.1, "Clinical Preventive Services" (can be accessed from <http://manuals.tricare.osd.mil/index.cfm>).

<sup>5</sup> Prior to that date, colonoscopy was covered only for beneficiaries with higher than average risk of colon cancer.

<sup>6</sup> U.S. Preventive Services Task Force. "Screening for Colorectal Cancer: Recommendation and Rationale." Annals of Internal Medicine 2002; 137: 129-131.